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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P96000057794

1. Corporation Name

T.S.B. TRADING, CORPORATION

Principal Place of Business	Mailing Address
3990 NW 132 STREET BAY H OPA LOCKA, FL 33054	3990 NW 132 STREET BAY H OPA LOCKA, FL 33054

3. Date Incorporated or Qualified: 7/10/96
3a. Date of Last Report: 7/10/96

2. Principal Place of Business
21: 6065 NW 167 ST
Suite, Apt. #, etc.
22: B-2
City & State
23: MIAMI LAKES, FLORIDA
Zip 24: 33015 Country 25: U.S.A.

2a. Mailing Address
26: 6065 NW 167 ST.
Suite, Apt. #, etc.
27: B-2
City & State
28: MIAMI LAKES, FLORIDA
Zip 29: 33015 Country 30: U.S.A.

4. FEI Number: 65-0678575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ERNESTO MARTIN TORRES
3990 NW 132 STREET
BAY H
OPA LOCKA, FLORIDA 33054

10. Name and Address of New Registered Agent

81 Name: ANTONIO R. DELU
82 Street Address (P.O. Box Number is Not Acceptable): 6065 NW 167 ST.
83: B-2
84 City: MIAMI LAKES, FL 85 Zip Code: 33015

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: RAUL DELU 03/24/1997
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P T ERNESTO MARTIN TORRES 815 HARBOR DRIVE KEY BISCAYNE, FL 33149	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	GENERAL MANAGER ANTONIO R. DELU 6065 NW 167 ST., B-2 MIAMI LAKES, FL 33015	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ANGEL LUIS SANTAMARIA 3990 NW 132 ST, BAY H OPA LOCKA, FL 33054	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	P T D S ANGEL LUIS SANTAMARIA 6065 NW 167 ST., B-2 MIAMI LAKES, FL 33015	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EMILIO JORGE BELLORA 3990 NW 132 ST, BAY H OPA LOCKA, FL 33054	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	VP D EMILIO JORGE BELLORA 6065 NW 167 ST., B-2 MIAMI LAKES, FL 33015	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	200002138372 -04/09/97--01115--024 ***165.00	☐ Change ☐ Addition

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: 03/24/1997 (305) 2310220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #